DECEASED DESTRUCTION CONDITION CONDI	Newton  Stella  NoT in hospital, give TO  Stella  NOT in hospital, give  ardwell M  First  MARY  6. COLOR OR RACE  White  (Give kind of work de  ng life, even if retired)  1. COLOR OR RACE  White  (Give kind of work de  ng life, even if retired)  1. COLOR OR RACE  White  (Give kind of work de  ng life, even if retired)  1. COLOR OR RACE  White  (Give kind of work de  ng life, even if retired)  1. COLOR OR RACE  White  (Give kind of work de  ng life, even if retired)  1. COLOR OR RACE  White  OR STANDARD  OR STANDARD  DUE T  OR STANDARD  OR STAND	LO  LO  TE 7. Married 1  Widowed done 10b. KIND OF 61  HOMEM 13b. N  MCES? 16. 5  so of service) 49  e per line for (a), (b), (b) BY:	Middle UISE  BUSINESS OF AKING MOTHER'S AKING MOTHE	Married Divorced DR INDUSTRY	a. STATEMI c. CITY OR TOWN N d. STREET ADDRESS  Last PRATT 8. DATE OF BII 7-1-19 Y 11. BIRTHPLA Cabter E W 17. INFORMAN Wilbu:	JOENCE (Where	(If cutside, g  Mon  June  or country)  NAME OF H	I. If institute Wton  Wton  ive focation)  IF UNDER T  Months D  12. CITIZET  USBAND OR	Day YEAR IF UNDER Days Hours N OF WHAT COM
IAME OF (IIF IAL OR UTION C  F DECEASED  DECUPATION  CCUPATION  CCUPATION  L S W 1  NAME  OW C  EASED EVER  REASED EVER  R	proporate limits, give TO Stella  Not in hospital, give and	LO  LO  TE 7. Married 1  Widowed done 10b. KIND OF 61  HOMEM 13b. N  MCES? 16. 5  so of service) 49  e per line for (a), (b), (b) BY:	Middle UISE  BUSINESS OF Aking MOTHER'S MAN (c).  BUSINESS OF Aking MOTHER'S MAN (c).	Married Divorced DR INDUSTRIT NO5901	a. STATEMI c. CITY OR TOWN N d. STREET ADDRESS  Last PRATT 8. DATE OF BII 7-1-19 Y 11. BIRTHPLA Cabter E W 17. INFORMAN Wilbu:	Jeosho Unknown  4. DATE OF DEATH RITH 9. AGE (I 28. 31 CE (City and state Ville N	(If cutside, g  Mon  June  or country)  NAME OF H	th E 21 IF UNDER 1 Months D 12. CITIZET USBAND OR	Day YEAR IF UNDE Days Hours N OF WHAT COU
DECEASED DESTRUCTION CONDITION CONDI	Stella  NOT in hospital, give ardwell Mardwell M	LO  LO  TE 7. Married 1  Widowed done 10b. KIND OF 61  HOMEM 13b. N  MCES? 16. 5  so of service) 49  e per line for (a), (b), (b) BY:	Middle UISE  BUSINESS OF Aking MOTHER'S MAN (c).  BUSINESS OF Aking MOTHER'S MAN (c).	Married Divorced DR INDUSTRIT NO5901	OR TOWN Not all STREET ADDRESS  Lest PRATT  8. DATE OF BII 7-1-19 Y 11. BIRTHPLA Cabter E W 17. INFORMAN Wilbu:	Unknown  4. DATE OF DEATH 9. AGE (I 28. 31 CE (City and state Ville N	Mon- June st birthday) or country) O NAME OF H	in IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Peside of Yes Days Poors Hours NOF WHAT COLUMN WIFE THE CONSTAND
TAL OR CUTION C  F DECEASED  POPULATION  STATE  COUPATION  STATE  OW C  EASED EVER  REASED EVER	First MARY  6. COLOR OR RACE White  (Give kind of work do ng life, even if retired)  10  11  11  12  13  14  15  15  16  17  18  18  19  19  19  19  19  19  19  19	ICES? Ine for (a), (b), D BY:  ICE 7. Married   Widowed done 10b. KIND OF 13b. N M M M M M M M M M M M M M M M M M M	Middle UISE BUSINESS OF AKING ACTHER'S AM OCIAL SECURITY AND IC.	Married Divorced Divorced DR INDUSTRY AIDEN NAMI De Perintry No. 15901	d. STREET ADDRESS  Lest PRATT  8. DATE OF BII 7-1-19 7 11. BIRTHPLA Capter E W 17. INFORMAN Wilbu:	Unknown  4. DATE OF DEATH 9. AGE (I 28. 31 CE (City and state Ville N	Mon- June st birthday) or country) O NAME OF H	in IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Reside of Yes Day Yes I 1960 YEAR IF UNDER Days Hours NOF WHAT COLOR WIFE Att.  MO. INTERVAL BE ONSET AND MALES AND
CCUPATION Set of working Set of working Set of working Set of Set	MARY  6. COLOR OR RACE  White  (Give kind of work do ng life, even if retired)  I S  IN U.S. ARMED FORC  yes, give war or dates  (Enter only one cause DEATH WAS CAUSED  IMMEDIATE CAUS  ons, if any, ave rise to cause (a), the under-	TO (b)  To Married Widowed Wid	BUSINESS OF AKING MOTHER'S AM INCIDENT SECURITY OF AM	DE PERIODE NAME - 5901	PRATT  8. DATE OF BII  7-1-19  11. BIRTHPLA  Cabter  W  17. INFORMAN  Wilbu:	4. DATE OF DEATH RTH 9. AGE (I 28 31 CE (City and state V111e N	June June or country) O NAME OF H	IF UNDER T Months C  12. CITIZET  U.S.  USBAND OR  Pra  ddress	YEAR IF UNDE Days Hours N OF WHAT COL WIFE 1 L L INTERVAL BE ONSET AND
CCUPATION OST OF WORKIN U.S. E.W. I.  OW. E.	6. COLOR OR RACE White (Give kind of work do ng life, even if retired) Te  TS RIN U.S. ARMED FORC yes, give wer or detes I (Enter only one cause DEATH WAS CAUSED IMMEDIATE CAUS ons, if any, ave rise to cause (a), the under-	TO (b)  To Married Widowed Wid	Never De BUSINESS OF A L'1 PRE AOTHER'S AN IOCIAL SECU 98-28-28-4 and (c).	DE PERIODE NAME - 5901	8. DATE OF BII 7-1-19 Y 11. BIRTHPLA Capter E W 17. INFORMAN Wilbu:	DEATH 9. AGE (I 28 31 CE (City and state ville N	or country) O NAME OF H	IF UNDER 1 Months D 12. CITIZET USBAND OR Pra ddress	YEAR IF UNDE Days Hours N OF WHAT COL A WIFE A L L INTERVAL BE ONSET AND
CCUPATION Dat of working U.S. O.W. NAME  OW. EASED EVER NAME  OW. TO BEATH PART I.  Condition which go above	6. COLOR OR RACE White (Give kind of work do ng life, even if retired) Te  TS RIN U.S. ARMED FORC yes, give wer or detes I (Enter only one cause DEATH WAS CAUSED IMMEDIATE CAUS ons, if any, ave rise to cause (a), the under-	Widowed Jone 10b. KIND OF HOMEM 13b. N  INCES? 16. S as of service) 49 a per line for (a), (b), D BY: ISE (a) 70	BUSINESS OF AN INCIDENCE AND THER'S AN INCIDENCE AND INCID	DE PERIODE NAME - 5901	7-1-19 Y 11. BIRTHPLA Capter E W 17. INFORMAN Wilbu:	28 31 CE (City and state ville N	or country) O NAME OF H	IF UNDER 1 Months D 12. CITIZET USBAND OR Pra ddress	YEAR IF UNDE Days Hours N OF WHAT COL A WIFE A L L INTERVAL BE ONSET AND
CCUPATION Dat of working U.S. O.W. NAME  OW. EASED EVER NAME  OW. TO BEATH PART I.  Condition which go above	(Give kind of work dong life, even if retired)  T. C.  IN S.  R IN U.S. ARMED FORCY  Yes, give war or dates  (Enter only one cause  DEATH WAS CAUSED  IMMEDIATE CAUS  Ons, if any, ave rise to  cause (a), the under-	HOMEM 13b. N 13b. N 13b. N 16CES? 16. S 17. S 18. S 19. S 19	aking AOTHER'S AW (e) I SA SCIAL SECULO 98-28-, and (c).	De Pe BRITY NO. -5901	Catter Catter Wilbu	CE (City and state  Ville M  14	NAME OF H	U.S. USBAND OR V. Pra	MO.  INTERVAL BE ONSET AND
OWC EASED EVER nknown) (If E OF DEATH PART I. Condition which graphs	IN U.S. ARMED FORCE yes, give war or dates I (Enter only one cause DEATH WAS CAUSED IMMEDIATE CAUS ons, if any, ave rise to cause (a),	13b. N MICES? 16. 5 as of service) 49. a per line for (a), (b), (b) BY: USE (a) 70.	ielisa Ocial Secu 98-28 , and (c).	De Pe BRITY NO. -5901	W 17. INFORMAN Wilbu:	T	John V	USBAND OR Pra ddress	MO. INTERVAL BE ONSET AND
EASED EVER nknown) (If E OF DEATH PART I. Condition which graphs	IN U.S. ARMED FORCY yes, give war or dates  I (Enter only one cause DEATH WAS CAUSED IMMEDIATE CAUS  Ons, if any, ave rise to cause (a), the under-	ices?  so of service)  per line for (a), (b), (D BY:  ISE (a)  TO (b)	98-28. 98-28. 96//	1811Y NO. -5901 1824	Wilbu:			ddress	MO. INTERVAL BE ONSET AND
Conditio	yes, give war or dates  I (Enter only one cause DEATH WAS CAUSED  IMMEDIATE CAUS  ons, if any, ave rise to cause (a), the under-	es of service) 4 (see per line for (a), (b), D BY; USE (a) TO (b)	98-28. , and (c). ! du/   XeM	-5901  sey	Wilbu				INTERVAL BE ONSET AND
Conditio	IMMEDIATE CAUSED  ins, if any, ave rise to cause (a), the under-	e per line for (a), (b), D BY: ISE (a)	, and (c). Pdu/i	( sey		ure			INTERVAL BE ONSET AND
Conditio which g	IMMEDIATE CAUS  ons, if any, DUE Tave rise to cause (a), the under-	TO (b)	Xem	11	FA.	ure			MINUS
which g	ave rise to cause (a), the under-								6 Mon
above	cause (a), } the under-	TO (c) CAR	cino.						
lying c				*	f Cerv				HNKNO
PART II.	. OTHER SIGNIFICAN disease condition giv	NT CONDITIONS CO iven in PART I (a)	ONTRIBUTING	S TO DEATI	H but not related	d to the termina	PART II		ised was fem regnancy in last
AUTOPSY PRMED?	20a. ACCIDENT SUI	JICIDE HOMICIDE	20b. DE	SCRIBE HOV	W INJURY OCCUR	RED. (Enter natur	of injury in I	1 —	
OF Houle Y a.m. p.m.	Month, Day, Year								
RY OCCURRE E AT WORK WHILE AT V	D 20e. PL.	LACE OF INJURY (e.g arm, factory, street, o	g., in or about office bldg., e	ut home, 2 etc.)	20f. CITY, TOWN,	OR LOCATION		COUNTY	S
nded the de	cessed from	-19-60	, to.	6-3	21-60	_and last saw ha	alive on	- 21-	60
occurred at	!	5:11	r A	_m+on the	e date stated abov			ledge, from	the causes states
ATURE	RHol	Begree or title)	رهب		22b. ADDRESS	1/4, 14	essour	•,	22c. DATE 7-2-
BEHATIAL	23b. DATE	23c. NAME	E OF CEMETE			ľ			(State)
KEMATION,			ion Ce			1	14 04	untv.	Мо.
(Specify)	June 23,	1960 Uni		25. DAT	PV E RECD. BY LOCA	L McDona	GISTRAR'S SIG	NATURE	ο -
nc A1	led the decoccurred at	TURE  CAMOUNT  EMATION, 23b. DATE  Specify)	rure  EMATION, 23b. DATE  June 23.1960 Un:	rure  EMATION, 23b. DATE  Specify)  Seed the decessed from 1-19-60, to	ted the decessed from 1-19-60, to 6-6 cocurred at 5:15 A, moon the segree or title)  EMATION, 23b. DATE 23c. NAME OF CEMETERY OR CRE	ted the decessed from 1-19-60, to 6-2/-60  OCCUTTED A. m. on the date stated above  SCORPORT D. 22b. ADDRESS  STEP  EMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	ted the decessed from 1-19-60, to 6-2/-60 and last saw he occurred at 5.15 A, moon the date stated above, and to the best ture CRADORESS STE//A, M. EMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	ted the decessed from 1-19-60, to 6-21-60 and last saw her elive on accoursed at 5:15 A. m.on the date stated above, and to the best of my known that the date stated above, and the date stated above,	ted the decessed from 1-19-60, to 6-2/-60 and last saw her elive on 6-2/-6

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

P. O. Address

or by			, Student Embalmer No
working under	my personal supervision.		
Student	Signature of Student Embalmer	Signed	
* * * * * * * * * * * * * * * * * * * *	~ di + . ~es	the second of the second	Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.